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## BIB DATA SHEET

CONFIRMATION NO. 8970

<b>SERIAL NUMBER</b> 10/687,290	<b>FILING or 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 011738.00134		
<b>APPLICANTS</b> Ivan Osorio, Leawood, KS; Mark G. Frej, Lawrence, KS; David L. Carlson, Fridley, MN; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/503,793 09/19/2003 and claims benefit of 60/418,638 10/15/2002 <b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US03/32868 10/15/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/22/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /REX R HOLMES/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWINGS</b> 33	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> BANNER & WITCOFF, LTD AND ATTORNEYS FOR CLIENT NUMBER 011738 10 SOUTH WACKER DRIVE SUITE 3000 CHICAGO, IL 60606 UNITED STATES						
<b>TITLE</b> Control of treatment therapy during start-up and during operation of a medical device system						
<b>FILING FEE RECEIVED</b> 2382	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		